NATIONAL PUBLIC SERVICE



**PUBLIC SERVICE (MANAGEMANT) (ENGAGEMENT OF CITIZEN**

**TECHNICAL ADVISERS) REGULATION 2018, SECTION 16(2)(D)**

**CTA PERFORMANCE ASSESSMENT FORM**

**TO BE COMPLETED BY THE CTA (ensure TORs are attached):**

|  |  |
| --- | --- |
| **CTA Surname:** | **CTA Other names:** |
| **Department/Administration/Agency:** | **Division/Branch/Unit:** |
| **CTA Title:** | **Contract start date:****Contract end date:** |
| **Approved Aid Agency Name:** | **DPM Record Number:** *(leave blank)* |
| **Supervisor’s name:** | **Supervisor’s current position:** |

**TO BE COMPLETED BY THE SUPERVISOR**

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|  |
| 1 | *Very Weak* | Serious underperformance, not meeting most contract/terms of reference deliverables |
| 2 | *Weak* | Major effort needed to improve delivery of core responsibilities identified in the contract/terms of reference; DFAT very hands on in managing areas where contractor is not delivering |
| 3 | *Less than satisfactory*  | Effort needed to improve delivery of one or more core responsibilities identified in the contract/terms of reference |
| 4 | *Satisfactory* | Minor effort needed to improve delivery of some areas of responsibility identified in the contract/terms of reference |
| 5 | *Very Good* | All responsibilities identified in the contract/terms of reference delivered efficiently and effectively |
| 6 | *Outstanding* | All responsibilities identified in the contract/terms of reference delivered with a high degree of efficiency and effectiveness, efficiently, and proactive steps taken to achieve outcomes above and beyond identified responsibilities |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Assessment Criteria** | **Performance Rating** | **Comments** |
|  | Compliance with the CTA Code of Conduct |  |  |
|  | Performance against the Terms of Reference |  |  |
|  | All work completed with a high standard and in a timely manner |  |  |
|  | Responsiveness to requests and instructions |  |  |
|  | Demonstrated positive engagement, respect and good communication.  |  |  |
|  | Demonstrated positive capacity building skills and technical knowledge |  |  |
|  | **Overall rating (average of all scores)** |  |  |

*\* Ratings of 1 (Very Weak), 2 (Weak), 3 (Less than Satisfactory) or 6 (Outstanding)* ***must*** *be supported by further comments.*

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| **Supervisor Name:** |
| **Date:**  |
| **Signature** |

***Please ensure this form is delivered to the Contracts Administration Branch, Level 3, CGO, or emailed to cta@dpm.gov.pg within one week of completion***